Agency Name: _____



CLARITY HMIS: VA SERVICES EXIT FORM (Including HUD VASH, SSVF, GPD) Use block letters for text and bubble in the appropriate circles.

Please complete a separate form for each household member.

CLIENT	CLIENT NAME OR IDENTIFIER:										
	PRO.	JECT	EXIT	DAT	E [All	Clier	nts]				
			_			_					
	Mo	onth		D	ay			Ye	ear		

DESTINATION [All Clients]

0	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/airport or anywhere outside)	0	Moved from one HOPWA funded project to HOPWA PH
0	Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY- funded Host Home Shelter	0	Moved from one HOPWA funded project to HOPWA TH
0	Safe Haven	0	Rental by client, with GPD TIP housing subsidy
0	Foster care home or foster care group home	0	Rental by client, with VASH housing subsidy
0	Hospital or other residential nonpsychiatric medical facility	0	Permanent housing (other than RRH) for formerly homeless persons
0	Jail, prison or juvenile detention facility	0	Rental by client, with RRH or equivalent subsidy
0	Long-term care facility or nursing home	0	Rental by client with HCV voucher (tenant or project based)
0	Psychiatric hospital or other psychiatric facility	0	Rental by client in a public housing unit
0	Substance abuse treatment facility or detox center	0	Rental by client, no ongoing housing subsidy
0	Residential project or hallway house with no homeless criteria	0	Rental by client, with other ongoing housing subsidy
0	Hotel or motel paid for without emergency shelter voucher	0	Owned by client, with ongoing housing subsidy
0	Transitional housing for homeless persons (including homeless youth)	0	Owned by client, no ongoing housing subsidy
0	Host Home (non-crisis)	0	No exit interview completed
0	Staying or living with friends, temporary tenure (e.g., room, apartment or house)	0	Other (specify):
0	Staying or living with family, temporary tenure (e.g.,	0	Deceased
	room, apartment or house)	0	Client doesn't know



		-				HUMAN SERV
0	Staying or living with family, permanent tenure		0	Client r	efuse	d
0	Staying or living with friends, permanent tenure		0	Data no	ot coll	ected
PH	YSICAL DISABILITY [not required for SSVF]	•				
0	No				0	Client doesn't know
0	Yes				0	Client refused
0	Tes				0	Data not collected
F "\	YES" TO PHYSICAL DISABILITY – SPECIFY					
xpe	cted to be of long-continued and indefinite duration?	0	No		0	Client doesn't know
		0	Yes		0	Client refused
		O	100	,	0	Data not collected
DE	VELODMENTAL DISABILITY (not required for	CCV/	= 1			
0	VELOPMENTAL DISABILITY [not required for No	SSVF	<u> </u>		0	Client doesn't know
0	110				0	Client refused
o Yes				One it related		
					0	Data not collected
	RONIC HEALTH CONDITION [not required for	SSVF			0	Data not collected
		SSVF	<u>-</u>]		0	Client doesn't know
СН	RONIC HEALTH CONDITION [not required for	SSVF	<u>=</u>]		<u> </u>	Client doesn't know Client refused
CH o	RONIC HEALTH CONDITION [not required for No		<u>=</u>]		0	Client doesn't know
CH o	RONIC HEALTH CONDITION [not required for No				0	Client doesn't know Client refused Data not collected
CH	RONIC HEALTH CONDITION [not required for No Yes YES" TO CHRONIC HEALTH CONDITION – SPEC		=] No		0	Client doesn't know Client refused Data not collected Client doesn't know
CH	RONIC HEALTH CONDITION [not required for No	IFY	No		0 0	Client doesn't know Client refused Data not collected Client doesn't know Client refused
CH	RONIC HEALTH CONDITION [not required for No Yes YES" TO CHRONIC HEALTH CONDITION – SPECected to be of long-continued and indefinite	iFY o			0 0 0	Client doesn't know Client refused Data not collected Client doesn't know
CH O Exp	RONIC HEALTH CONDITION [not required for No Yes YES" TO CHRONIC HEALTH CONDITION – SPECetted to be of long-continued and indefinite ation?	iFY o	No		0 0 0	Client doesn't know Client refused Data not collected Client doesn't know Client refused
CH	RONIC HEALTH CONDITION [not required for No Yes YES" TO CHRONIC HEALTH CONDITION – SPECetted to be of long-continued and indefinite ation? /-AIDS [not required for SSVF]	iFY o	No		0 0 0	Client doesn't know Client refused Data not collected Client doesn't know Client refused Data not collected
CH O Exp	RONIC HEALTH CONDITION [not required for No Yes YES" TO CHRONIC HEALTH CONDITION – SPECetted to be of long-continued and indefinite ation?	iFY o	No		0 0 0	Client doesn't know Client refused Data not collected Client doesn't know Client refused Data not collected Client doesn't know
CH	RONIC HEALTH CONDITION [not required for No Yes YES" TO CHRONIC HEALTH CONDITION – SPECetted to be of long-continued and indefinite ation? /-AIDS [not required for SSVF]	iFY o	No		0 0 0 0	Client doesn't know Client refused Data not collected Client doesn't know Client refused Data not collected Client doesn't know Client refused
CH O Exp dura HIV	RONIC HEALTH CONDITION [not required for No Yes YES" TO CHRONIC HEALTH CONDITION – SPECetted to be of long-continued and indefinite ation? /-AIDS [not required for SSVF] No	iFY o	No		0 0 0	Client doesn't know Client refused Data not collected Client doesn't know Client refused Data not collected Client doesn't know
CH O IF " Exp dura HIN O	RONIC HEALTH CONDITION [not required for No Yes YES" TO CHRONIC HEALTH CONDITION – SPEC ected to be of long-continued and indefinite ation? /-AIDS [not required for SSVF] No Yes NO Yes	IFY	No		0 0 0 0 0 0 0 0	Client doesn't know Client refused Data not collected Client doesn't know Client refused Data not collected Client doesn't know Client refused Data not collected
CH O IF " Exp dura HIN O	RONIC HEALTH CONDITION [not required for No Yes YES" TO CHRONIC HEALTH CONDITION – SPECetted to be of long-continued and indefinite ation? Y-AIDS [not required for SSVF] No Yes	IFY	No		0 0 0 0	Client doesn't know Client refused Data not collected Client doesn't know Client refused Data not collected Client doesn't know Client refused Data not collected Client doesn't know Client refused Client refused Client doesn't know
CH O IF " Exp dura HIN O ME	RONIC HEALTH CONDITION [not required for No Yes YES" TO CHRONIC HEALTH CONDITION – SPEC ected to be of long-continued and indefinite ation? /-AIDS [not required for SSVF] No Yes NO Yes	IFY	No		0 0 0 0 0 0 0 0	Client doesn't know Client refused Data not collected Client doesn't know Client refused Data not collected Client doesn't know Client refused Data not collected



	0	No	0	Client doesn't know
Expected to be of long-continued and indefinite duration?		Voc	0	Client refused
duration:	O	Yes	0	Data not collected

SUBSTANCE ABUSE PROBLEM [not required for SSVF]

0	No	0	Both alcohol & drug abuse					
Alaskal akusa				Client doesn't know				
0	Alcohol abuse	0	Client refused					
0	Drug abuse	0	Data not collected					
IF ".	IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE"- SPECIFY							
_	_			0	Client doesn't know			
Expected to be of long-continued and indefinite duration?			Yes	0	Client refused			
		0	168	0	Data not collected			

MONTHLY INCOME AND SOURCES [Head of Household and Adults]

0	No				0	Client doesn	't know	
	Yes				0	Client refuse	d	
0					0	Data not coll	ected	
IF "	IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY							
Inc	ome Source	Amount	Inc	ome Source	е		Amount	
0	Earned Income		0	TANF (Ter Needy Far				
0	Unemployment Insurance		0	General Assistance (GA)				
0	Supplemental Security Income (SSI)		0	Retirement Income from Social Security				
0	Social Security Disability Insurance (SSDI)		0	Pension or retirement income from former job				
0	VA Service-Connected Disability Compensation		0	Child Supp	ort			
0	VA Non-Service Connected Disability Pension		0	Alimony and other spousal support				
0	Private disability insurance		0	Other inco	me s	ource		
0	Worker's Compensation		0	Other incom	ne so	urce		
Γotal	monthly for Individual:							

RECEIVING NON-CASH BENEFITS [Head of Household and Adults]

0	No	0	Client doesn't know		
	Voc	0	Client refused		
0	Yes	0	Data not collected		
IF "	IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY				



0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Childcare Services
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services
0	Other (Specify):	0	Other TANF-funded services

COVERED BY HEALTH INSURANCE [All Clients]

0	No			0	Client doesn't know			
	. Voc			0	Client refused			
O	o Yes				Data not collected			
IF "	IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS							
0	MEDICAID			vided Health Insurance				
0	MEDICARE o Insurance			e Obt	tained through COBRA			
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance					
0	Veteran's Administration (VA) Medical Services	0	State Health Insurance for Adults					
0	Other (specify)	0	Indian He	ealth	Services Program			

HUD-VASH Exit Information [HUD-VASH only]

Case Management Exit Reason

Ousc Man	agement Exit iteason		
0	Accomplished goals and/or obtained services and no longer need CM	0	Transferred to another HUD-VASH program site
0	Found/chose other Housing	0	Did not comply with HUD-VASH CM
0	Eviction and/or other Housing related issues	0	Unhappy with HUD-VASH housing
0	No longer financially eligible for HUD-VASH Voucher	0	No longer interested in participating in this program
0	Veteran cannot be located	0	Veteran too ill to participate at this time
0	Veteran is incarcerated	0	Veteran is deceased
0	Other (specify)		

CONNECTION WITH SOAR [Heads of Households and Adults, For SSVF and VA: Grant per Diem – Case Management/Housing Retention]

SOA	SOAR					
0	No	0	Client doesn't know			
	V	0	Client refused			
0	Yes	0	Data not collected			

LAST GRADE COMPLETED [Head of Households and Adults, required for SSVF and VASH]

0	Less than Grade 5	0	Grades 5-6
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0	Grades 7-8	0	Grades 9-11
0	Grade 12	0	School does not have grade levels
0	GED	0	Some college
0	Associate's Degree	0	Bachelor's degree
0	Graduate Degree	0	Vocational certification
0	Client doesn't know		
0	Data not collected	0	Client refused

EMPLOYMENT STATUS [Head of Households and Adults, SSVF, GPD and VASH]

	oloyed	,			<u>, </u>			
0	No			0	Client doesn't know			
	Var			0	Client refused			
0	Yes	0	Data not collected					
If "Y	es" for employed – Type of employment							
0	Full-time		2 1/ 11 / 1 1 1					
0	Part-time	Seasonal/sporadic (including day labor)						
If "N	lo" for employed – Why not employed							
0	Looking for work		Not looking for w					
0	Unable to work	0	Not looking for work					

GENERAL HEALTH STATUS [Head of Households and Adults, **HUD-VASH OTH only**]

0	Excellent	0	Poor
0	Very good	0	Client doesn't know
0	Good	0	Client refused
0	Fair	0	Data not collected

IN PERMANENT HOUSING [Permanent Housing Projects, for Heads of Households]

0	No	0	Yes
IF "Y	ES" TO PERMANENT HOUSING		
Hou	sing Move-in Date (see note*)		*If client moved into permanent housing, make sure to update on the enrollment screen.

CONTACT INFORMATION [Optional- can be entered in Location Tab]

Phone N				-		-					
Email											
Current Address (if applicable)											
Street											
City											



	State					Zip Code			
-									

Signature of applicant stating all information is true and correct Date